



REQUEST FOR REPLACEMENT LICENSE

FOR OFFICE USE ONLY

Receipt # _____

Fee Paid _____

Issue Date _____

Original Returned _____

PRINT NAME (IN FULL) _____
Last First Middle

OTHER NAME(S) KNOWN BY (MAIDEN NAME): _____ LICENSE NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ home () _____ work BIRTHDATE: _____

REQUEST IS HEREBY MADE FOR:

_____ Replacement of Wall Certificate - \$ 15.00 (11 x 8.5)

_____ Replacement of current Pocket Receipt - \$ 15.00 (3.5 x 2.3)

Attach a check made payable to Landscape Architects Technical Committee for the appropriate amount.

REASON FOR REQUEST (check one):

_____ Original not received _____ Lost _____ Stolen _____ Destroyed

_____ Mutilated* _____ Misspelling * _____ Name Change* _____ Other(State reason below)

***The license or certificate being replaced must be returned with this declaration.**

REASON FOR REQUEST:

In addition, please indicate in the space provided below exactly how you would like your name printed on your wall certificate, including upper/lower case and punctuation. Only your legal name or abbreviation is permitted

Print name: _____

I hereby certify under penalty of perjury under the laws of the State of California that statements and information set forth above are correct and that I will immediately return the license or certificate to the Landscape Architects Technical Committee should said license or certificate be found or report its whereabouts should I it become known to me.

Signature: _____ Date: _____